



DRAMA MINOR EQUIVALENCY ENDORSEMENT
 NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD
 SFN 58903 (07-2008)

Social Security Number	Date of Birth	ND Teaching License Number	
Work Telephone Number		Email Address	
Home Telephone Number			
Last Name	First Name	M.I.	Maiden Name
Mailing Address		City	State Zip (9 digit)

Prerequisite: Valid North Dakota educator's professional license.
Re-education Plan: None
Endorsement Request and Verification: Once you have completed the requirements, request this endorsement be added to your license by returning this form to ESPB along with your official transcripts and verification of experience.
Fees: If you wish to add this endorsement between renewals, a non-refundable fee of \$75 must be enclosed. There is no additional fee to add this endorsement at your normal license renewal time.
Timeline: The addition of this endorsement does not change your regular license renewal date.

Drama Minor Equivalency Program of Study

All coursework must be verified through official transcripts from a state-approved college/university of teacher education.

ME 16 requirement: minimum of 16 SH of content-specific coursework beyond the introductory level.		
Coursework	Completed (SH)	Needed (SH)
Methods of drama		
	Total SH	Total SH
Applicant:		Date
ESPB Reviewed by:		Date
Executive Director, ESPB		Date
License Code 05015	Type of Equivalency 08	Level of Preparation 10

Submit completed form and \$75 fee to: Education Standards and Practices Board
 2718 Gateway Avenue, Suite 303
 Bismarck, ND 58503-0585
 (701) 328-9641 office
 (701) 328-9647 fax

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code (NDCC) 43-50-02. The individual's social security number is used by the Education Standards and Practices Board (ESPB) as an identification number for file control purposes, background checks, and recordkeeping. ESPB does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age, or disability as required by various state and federal laws.



Payment/Credit Card Information

Type of Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check		Amount \$	
Name as it appears on credit card		Please sign to authorize credit card charge	
Credit Card Number		Expiration Date	3 digit CVV number on back of card